(Quiet Burial: Mrs. Smith)

The "Statement" signed on August 5 1910 by Dr. Norman states that Mrs. Smith had always been nervous but that she had had a sudden attack in January of 1910. The attack which precipitated her confinement seems to have happened on July 31 when, while out with her husband, she claimed "she had been abused by her relatives." In one attack she "took down hair ran outside on verandah knelt down and started to preach she was Christ."

Mrs. Smith's "Certificate," signed on September 6 1910 by Dr. Norman, describes a distraught woman with "thin, white hair wild eyes very prominent." She is "very chatty and noisy"; part of her conversation concerns her conviction that "she is a divinity and earthly ruler." She has already given the authorities some difficulty by "stealing" out of Western Hospital in the middle of the night by jumping out of the window. Dr. Norman considers her "crafty." The "Certificate" signed on September 5 by Dr. Webster indicates her fear that "friends and attendants are plotting her death."

Mrs. Smith was admitted on September 20 1910 for the first time, at age 31. The Clinical Record states that "she had always been of a passionate, impulsive, jealous nature; got along pretty well at her work but was inclined to be moody." She had been a "tailoress." Her sense of persecution seems to have become acute after July 31 1910, when she told her husband that she had been "considerably abused by her relatives." Her inability (or refusal?) to be specific about her allegations seems to have discredited her. In the Conference Report of 1911 she is diagnosed with "Dementia Praecox of the Catatonic variety."

The detailed "note" (signed W.F.I.D.) in the Clinical Record for January 5 1911 describes Mrs. Smith's visit home. Although her husband knew that "she does not get along at all well with her mother-in-law, each dislikes the other and makes no secret of it," he nevertheless did not take her directly to her sister, with whom she could have stayed, because he had similar feelings about his sister-in-law. It is perhaps indicative of how bad Mrs. Smith's family situation really was, that her husband put his aversion to his sister-in-law above hers to her mother-in-law, even when Mrs. Smith was the patient and needed special attention. Her visit was after all supposed to be therapeutic. As a visit to the very people who would have aggravated her condition, and who seem to have precipitated her attack, it could not but have had the opposite effect. The husband's behaviour seems perverse.